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PROGRAM MEMO (PM)

TO: AREA AGENCIES ON AGING (AAA) DIRECTORS	NO.: PM 04 – 11 (P)
SUBJECT: Health Insurance Counseling and Advocacy Program (HICAP) Reporting Revisions	DATE ISSUED: July 2, 2004
REVISED: N/A	EXPIRES: July 1, 2005
REFERENCES: www.aging.ca.gov , select: AAA Partners, Reporting Instructions	SUPERSEDES: PM 02-12 (P)
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input checked="" type="checkbox"/> HICAP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <u>Revision of Forms/Instructions</u>	
INQUIRIES SHOULD BE DIRECTED TO: Your HICAP Program Specialist or Rhonda Da Cruz at: (916) 323-0819.	

The purpose of this Program Memo (PM) is to provide notice to Area Agencies on Aging (AAA) and Health Insurance Counseling and Advocacy Programs (HICAP) of the availability of revised forms and instructions concerning required HICAP performance data reporting. These revisions will correct problems recognized in the first year of data reporting under PM 02-12 (P), issued May 16, 2002. These revised forms and instructions will be effective July 1, 2004, but current forms may also be used for six months, until January 1, 2005.

In addition, to bring HICAP in line with other program reporting cycles, the California Department of Aging (CDA) will no longer require monthly reports batched quarterly. **Effective July 1, 2004**, HICAP performance data reporting will be on a **quarterly basis only**. AAAs may, however, continue to require HICAP providers to report to AAAs monthly.

BACKGROUND

Twenty years ago, beginning in 1984, HICAP was established by State statute. The national State Health Insurance and Assistance Program (SHIP) came about through the passage of the Omnibus Budget Reconciliation Act (OBRA) of 1990 (then referred to as federal Information Counseling and



Assistance, or ICA grants). At that time, 15 states, including California, had already established state programs to assist Medicare beneficiaries with Medicare and Medicare supplement insurance issues. By September 1992, SHIPs were established in all 50 states and the U.S. territories. SHIP became a comprehensive national program that included California's HICAP.

Just prior to 1999, the Centers for Medicare and Medicaid Services (CMS) searched for a method to align the various State SHIP data reporting systems.¹ In 1999 and throughout 2000, CMS hired Abt Associates, a consulting firm, to review several different SHIP data systems that had been independently developed and to make recommendations to CMS on a set of national standards. Abt used California's HICAP as one of several models for a reporting system. Abt also consulted with an Ad Hoc Data Systems Sub-Committee of the national SHIP Steering Committee to refine the recommendations. The resulting set of reporting standards was approved by CMS in 2001, which required federal changes to all SHIP data systems to begin September of 2001.²

On July 1, 2002, HICAP's new integrated federal and State reporting system was in place. State fiscal year (SFY) 2002-03 was the first complete year of operating data received on the new system.

Based on one full year of experience in collecting the newly required data, the HICAP reporting system is being revised because: (1) some instructions were not as clear as they could be, which in turn resulted in misunderstandings and data errors; (2) we must correct outright errors in the system's logic in order to preserve the integrity of the data; (3) we must prepare HICAP for the next phase of an automated client level database; and (4) we continually need the input from users to improve and streamline HICAP reporting procedures.

WEB ACCESS TO INSTRUCTIONS AND FORMS

All revised forms and instructions are currently, and will continue to be, issued on the CDA web site only and will not be available in hard copy or other media unless specifically requested. To locate the new forms and instructions, go to CDA's web site, www.aging.ca.gov, and select "AAA Partners" in the left hand menu. Then select "Reporting Instructions" and "HICAP Forms and Reporting Instructions Revised 2004." **No instructions or forms are provided as an attachment to this PM.** If you have difficulty obtaining access to our web site, call Rhonda Da Cruz at (916) 323-0819 for assistance. All future modifications or revisions will be made on the web site and an electronic notice sent to AAAs and HICAP Program Managers.

STATE REQUIRED FORMS AND MODEL FORMS

There are two types of HICAP reporting forms. State required forms are forms with a standard State issue number. They cannot be modified. Model forms have the word "Model" in the header. These forms may be modified to fit local provider needs as long as they can be audited to State standards. Prior approval by CDA is needed in this case to assure locally revised forms are auditable. For

¹ At the time the federal agency CMS was known as the Health Care Financing Administration (HCFA).

² CDA asked for and received an extension for the requirements until 2002.

example, the Intake/Counseling Form is a model form and, with prior approval of CDA, may be adapted to specific local needs. Contact your assigned HICAP Program Specialist for assistance with this request.

SUMMARIZATION OF CHANGES

The HICAP performance reporting requirements remain essentially the same as 2002-04. However, to help you identify the changes, we have summarized them by each form. All forms have also been adjusted to meet State minimum standards. The required State form numbers remain the same, but will have a July 1, 2004 revision date on them.

Intake/Counseling Form (Model) Changes:

- The ID No. has been changed to “Client ID No.” This aligns the documents with federal and State standards for future client tracking purposes.
- “Couple” documentation has been separated from “Assistance Requested By.” The number of couples receiving counseling is counted separately. The rule now will be one Intake/Counseling Form = one client counseled or served. If both clients in a couple are to be counted as clients counseled, separate Intake/Counseling Forms must be used.³ See instructions for details.
- Part “D” has been inserted with Parts A, B, and Both A/B, in preparation for the implementation of the 2006 Medicare Prescription Drug Improvement, and Modernization Act of 2003 (MMA) drug benefit.
- Data “Not Collected” has been changed to data “Missing” to align with a future Common Dataset. Data missing for any reason, including data that has not been collected, will be under “Missing.”
- Marital Status has been aligned with the Census categories and the proposed Common Dataset. “Never Married” replaces “Single.” “Domestic Partner” has been added in accordance with a State Department of General Services (DGS) requirement.
- Ethnicity “Hispanic/Latino Origin” is a separate question from Race. This aligns with the Census and the proposed Common Dataset.
- Under Race, Asian total and Native Hawaiian/Pacific Islander total are blanked out to prevent double counting with sub-categories (you can only check the sub-categories under Asian and Hawaiian/Pacific Islander).
- When “Other” is checked under Race, we no longer request specific identity of the other race.
- Race “Other” and “Two or More Races” are in alignment with the Census and proposed Common Dataset.
- “QI-2” is removed. This program was discontinued December 31, 2002.
- As a handy reference, the disclosure statement is printed in full on the Intake/Counseling Form next to the check off box for “Disclosure Statement Provided.”

³ Only one of the two Intake/Counseling Forms will be checked for “Couple.”

- Note: The HICAP provider agency name can be pre-printed in the header of the model form so that it doesn't have to be filled out every time. The same is true with Planning Service Area (PSA) number, if there is only one PSA involved.

Quarterly Aggregate Counseling Activity Report (CDA 264) Changes:

- Clarification of Contact and Client Counseled. This change is one of the most important in order to prevent confusion between the number of "Contacts" (the number of times a client is seen) vs. "Clients Counseled" which is a primary performance measure for HICAP.
- The rule on Quick Calls under 10 minutes was too rigid. The correction allows non-counseling calls greater than 10 minutes to be counted, as long as they don't constitute counseling.
- The totals within client profile data (such as ethnicity, age, gender, marital status, veteran status, disability, and monthly income) often did not balance. Instructions have been strengthened to clarify this logic check.
- It was not clear that Modes of Contact applied only to client interactions. This is corrected.
- Various updates were needed (i.e., CMRI to QIO/Lumetra, Medicare+Choice to Medicare Advantage, etc.).

Public and Media Form (Model) Changes:

- Mobile InfoVans have been included as an additional outreach mechanism worthy of data tracking. This has been separated from "Booths or Exhibits at Fairs."
- Presenter classifications have been clarified for what type of Counselor was involved in the education and outreach efforts.
- In Section 2, Medicare Approved and Non-Medicare Approved Drug Discount Cards are separated into two distinct categories. This allows the tracking of the impact of the MMA Medicare Approved Cards.
- In Section 3, specific race categories have been combined into one target audience called "Ethnic Minority Population." This avoids having to add all other ethnicity and race categories.
- Note: The audience estimates continue to be a federal requirement.

Quarterly Aggregate Public and Media Activity Report (CDA 265) Changes:

- See Public and Media Form Changes.

Annual HICAP Resources Report (CDA 266) Changes:

- It was unclear whether the Annual Resource Report was supposed to be reported by PSA, by contract, or by HICAP. Because of the difficulty in breaking down this information by PSA or contract, the decision is to report by HICAP provider. That is, each program, even if it has multiple contracts or multiple PSAs, will submit only one Annual Resources Report.

Pending Instructions and Forms to Follow

The remaining current HICAP supporting forms and instructions are still applicable until replaced. New forms and instructions will be developed and placed on the web site when completed. These include:

- HICAP Legal Services Instructions and Forms
 - Overview
 - Instructions
 - Forms
- Miscellaneous Instructions and Forms
 - Model Telephone Log
 - Counselor Information Form
 - Counselor Training Record
 - Model Counselor Time Sheet
 - Counselor Survey
- Other Items Under Development:
 - Workshop Exercises
 - Cheat Sheets
 - Logic Checks
 - PSA/HICAP Conversion Chart
 - HICAP to County to PSA Listing Crosswalk.

You will be notified by e-mail when the remaining forms and instructions are posted on the web site. Questions about these revisions may be directed to your HICAP Program Specialist or Rhonda Da Cruz.

Original signed by Lynda Terry

Lynda Terry
Director